

RN/LPN RENEWAL INSTRUCTIONS

All licenses are due for renewal by June 30 of your renewal year instead of by birth months.

ARIZONA IS A COMPACT STATE. If you have Multistate Privileges in another Compact State (AZ, AR, CO, DE, ID, IA, KY, ME, MD, MS, NE, NH, NM, NC, ND, RI, SC, SD, TN, TX, UT, VA, WI), do not apply for renewal in Arizona unless you are declaring Arizona as your Primary State of Residency. You should request to go inactive. (See www.ncsbn.org for a list of Compact States.)

ONLINE RENEWAL: Go to the Arizona State Board of Nursing Web page at www.azbn.gov. Online renewal will provide you with an easy, efficient and safe way to renew your license 24 hours per day. A convenience fee of \$2.00 is charged for online renewal.

LICENSE FEES: **ALL FEES ARE NON REFUNDABLE**

Renewal fee will be \$160. Convenience Fee \$2.00 (online only)

- \$50.00 **Late Fee** per month up to a total fee of \$200. If your application is post dated by the Board on August 2 or after, a late fee is due for license renewal if you have worked after August 2nd, of the renewal year.
- No fee is required for inactive status. If request for Inactive Status is made after the expiration date, a Renewal Fee and Late Fee are required. All application questions must also be answered when requesting this status.
- Fees may be paid by check or money order payable to the Arizona State Board of Nursing.
- **ALL PERSONAL CHECKS** must be pre-printed with your name and address or they will be returned.
- All renewals that are returned to the Board because of an incorrect address will be fined \$25.00.
- There is a \$50.00 fee for all checks returned for insufficient funds. In addition, non payment will result in an invalid license.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION REQUIRED: Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship/nationality/alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or has alien status, the applicant will not be eligible for licensure in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status with their application. See attached list A & B for specific documentation required. A xeroxed copy of the documentation you submit must be on 8 ½ x 11 paper.

LATE/LAPSED LICENSE: If you are renewing past August 2nd or if your license has lapsed, an invalid license questionnaire must be submitted with the renewal application. The Invalid License Questionnaire is included in this packet.

ADVANCED PRACTICE NURSES: If you are an Advanced Practice Nurse Practitioner/Clinical Nurse Specialist/ Certified Nurse Midwife, certification will expire when your RN license expires. **NOTE:** Official verification of certification, including issue and expiration dates with category/specialty, must be provided directly to the Board by the credentialing agency. If available, online verification directly from the agency is acceptable.

CERTIFIED REGISTERED NURSE ANESTHETIST: If you are a Certified Registered Nurse Anesthetist, who has been issued Prescribing Privileges by the Board, that privilege expires when your RN license expires. The Board must receive official certification/recertification in order for you to retain prescribing privileges. **NOTE:** Arizona State Board of Nursing will obtain online verification directly from the National Board on Certification & Recertification of Nurse Anesthetists.

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1606(B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

REPORTING OF CRIMINAL CHARGES: Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at www.azbn.gov.

COMPLETING THE APPLICATION: The application is processed by a computerized scanner. Only characters written inside a box will be read. Only 1 character per box, this includes punctuation. Please print legibly with **all** capital letters (**black ink only**). If your information does not fit in the space provided, please include an 8 ½ x 11 piece of paper with the section # and information that needs to be updated.

SECTION: Complete all sections of the application as follows:

1. Print your social security number, birth date, and city, state, and country of birth. Fill in the check box which indicates your sex.
2. Fill in this section if you have a new name. If your name has changed, please include a copy of an official document showing your **previous** name (i.e. birth certificate, social security card, marriage license, diploma from high school) **and** a copy of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card) per R4-19-307 A.

3. Primary state of residence. Your street address; the city, state, and zip code fields are mandatory. This address must reflect where you vote, pay federal taxes or obtain a drivers license. The primary state of residence determines whether your license will be a multistate license or valid in Arizona only. Only nurses with their primary state of residence in Arizona shall hold a multistate Arizona license. For more information on the multistate compact visit the www.ncsbn.org website.
4. Mailing address. You are required to have a mailing address on file. A.R.S. 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record.
5. Temporary address – If you are temporarily located at an address, you may include that address, along with the dates “from” and “to”, that you will have this address.
6. One phone number is required for your record.
7. Use abbreviations to list all states you hold an active license to practice as an RN/LPN.
8. Use abbreviations to list all states you are currently practicing.
9. Practice requirement. To meet this requirement you must have practiced at least 960 hrs in the past 5 years in a position that requires or recommends an RN or LPN license. Any position requiring an active nurse license is considered to be an employed position in nursing. Direct patient care is not a requirement. This could be as an employee or a volunteer and could include bedside nursing, teaching, consulting, supervising, or clinical experience in a nursing program or it could also include graduating from a nursing program within 5 years prior to applying for renewal. It could also include obtaining an advanced nursing degree i.e. RN to BSN, Masters or Doctorate, or completing an Arizona Board approved refresher course. If you do not meet the minimum requirement(s) a license renewal cannot be issued. If you need to take a refresher course, see our Web page at www.azbn.gov to see available courses. You would need to request a Temporary License “for refresher course only” when you can provide documentation that you have actually enrolled in the course. A “temporary license for refresher course only” can be obtained by completing a renewal application and a request for temporary license application available on our website at www.azbn.gov.
10. Inactive Status is for individuals that will not be practicing in Arizona using their Arizona license. With this status, no late fees will accrue during the inactive period. If you would like to renew your inactive license please go to our website www.azbn.gov and print out a renewal application. If your license remains inactive for five or more years you will be required to provide proof of employment in nursing within the previous 5-year period or you will have to complete an Arizona Board-approved refresher course for renewal. Your license status must be active/good standing or it cannot be inactivated.
11. Current or previous employer/practice setting. If you had less than 960 hours of nursing practice at either your current or previous employment/practice setting, please list additional practice information on a separate 8 ½ x 11 sheet of paper. Note: an “end” date is not required if you are listing a current employer/practice setting.
12. Check the one box that best describes your current employment status.
13. Answer if your nursing position involves provision of direct care services.
14. Check the boxes which reflect your work hours.
15. If your field of employment is not listed, fill in the “other” check box and write in your main field of employment in the boxes provided.
16. If your current position is not listed, fill in the “other” check box and write in your current nursing position.
17. If your major clinical or teaching area in nursing is not listed, fill in the “other” check box and write in your current area in nursing.
- 18-20. If the exact dates are unknown, an approximate month along with the year may be written in these sections.
20. Check all degrees and your year of graduation.
21. List current national certifications in nursing (not CPR) that you hold.
22. Check any degrees / year of graduation that you have earned since you're last renewed your license.
23. Check appropriate box if you have completed an Advance Practice program.
24. Advanced Practice Nurses only: Check how you have met the practice requirement for certification. Complete national certification information if applicable.
- 25-26. Citizen / National or Alien Status Declaration: Check the appropriate box to declare if you are a citizen / national or alien. **Attach xeroxed copy of the document to prove citizenship/nationality/alien status to your application.** See attached lists A & B.
27. Application questions: Answer all 5 questions. Include written documentation if indicated.
Sign and Date the application.

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NORTH CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
GU	GUAM	MP	NORTH MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
HI	HAWAII	MS	MISSISSIPPI	PR	PUERTO RICO		
ID	IDAHO						

TIME FRAMES FOR LICENSING: For the purposes of these time frames, the Board is required to process applications for renewal of licensure/ certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information or is missing.
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

LICENSING TIME FRAMES

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
License Renewal <u>WITHOUT</u> INVESTIGATION	R4-19-304	120 days	30 days	270 days	90 days	150 days
<u>WITH</u> INVESTIGATION	R4-19-304	270 days	30 days	270 days	240 days	150 days

For more information, regarding the time frames for licensure, consult A.A.C. R4-19-102. For assistance with the application process for licensure, contact Jennifer McWilliams at (602) 889-5195 or e-mail at jmcwilliams@azbn.gov

Don't forget to include document to show your citizenship/nationality/alien status with your application.

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A xeroxed copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

NOTE: SOCIAL SECURITY CARD AND DRIVERS LICENSE ARE NOT ACCEPTABLE DOCUMENTATION.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport; current or expired;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
Form N-650AA, Certificate of Citizenship, acquired citizenship at birth;
Form N-650AB, Certificate of Citizenship, derived citizenship upon naturalization of parent(s).
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”;
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

All nonimmigrants are not authorized employment.

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

**COMPLETE IF YOU ARE
SUBMITTING APPLICATION
AFTER 8/1/XX**



Janet Napolitano
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix AZ 85014-3655
Phone (602) 889-5150 Fax (602) 889-5155
E-Mail: arizona@azbn.gov
Home Page: <http://www.azbn.gov>

LATE/INVALID LICENSE QUESTIONNAIRE

RN/LPN License # _____

Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Current Address: _____

Telephone: (____) _____ Social Security #: _____

Did you work as an RN/LPN on your AZ license between August 2nd and November 1st of the year your license expired?

☐ NO ☐ YES

Did you work as an RN/LPN on your AZ license while your AZ license was lapsed/expired after November 1st of the year your license expired?

☐ NO ☐ YES

If your job description requires you to be licensed or if you present yourself to the public as an RN/LPN in any way, (i.e. signed your name with RN/LPN after your name, put your name with RN/LPN on a business card) **you are working/presenting yourself as an RN/LPN**, even if your job does not include any direct "hands-on care".

If YES, where did you work while your license was due for renewal or lapsed/expired or inactive?

Employer: _____ Employer Phone #: _____

Address: _____

Direct Supervisor's Name: _____ Phone: _____

Direct Supervisor's /Title: _____

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE



ARIZONA STATE BOARD OF NURSING
RENEWAL APPLICATION FOR REGISTERED NURSE/PRACTICAL
NURSE LICENSE & ADVANCED PRACTICE CERTIFICATION

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS * Required Section/Field

* RENEWAL DUE DATE / /

* FEE \$

* RN/LPN LICENSE NUMBER

AP/CRNA CERTIFICATE NUMBER AP CRNA

* **1. PERSONAL INFORMATION** GENDER ☐ Female ☐ Male

Applicants First Name * Middle Initial

Applicants Last Name *

SSN * - - Birth Date * / /

Birth City *

Birth State (required for U.S.) * Birth Country (Ex. USA) *

Marital Status ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity ☐ Black - not of Hispanic origin ☐ Asian/Pacific Islander ☐ White - not of Hispanic origin ☐ Hispanic ☐ American Indian/Alaskan ☐ Multi Racial ☐ Other

* **2. NAME CHANGE** Do you have a new name? ☐ No ☐ Yes If yes*, write in your new name (documentation is required)

First Name *

Middle Name

Last Name *

* **3. PRIMARY STATE OF RESIDENCE** (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1 *

Street Address Line 2

City *

State * Zip Code *

County (ex. Maricopa) *

Country (ex. USA) *

4. MAILING ADDRESS (If different than primary state of residence)

Street Address Line 1 *	<input type="text"/>
Street Address Line 2	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/> Zip Code * <input type="text"/>
County (ex. Maricopa) *	<input type="text"/>
Country (ex. USA) *	<input type="text"/>

5. TEMPORARY ADDRESS

Street Address Line 1 *	<input type="text"/>
Street Address Line 2	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/> Zip Code * <input type="text"/>
County (ex. Maricopa) *	<input type="text"/>
Country (ex. USA) *	<input type="text"/>
Valid From *	<input type="text"/> / <input type="text"/> / <input type="text"/>
Valid To *	<input type="text"/> / <input type="text"/> / <input type="text"/>

*** 6. CONTACT INFORMATION (Either a home or cell phone number is required)**

Home Phone *	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Cell Phone	(<input type="text"/>) <input type="text"/> - <input type="text"/>
E-Mail Address	<input type="text"/>		

*** 7. LIST ALL STATES IN WHICH YOU HOLD AN ACTIVE LICENSE TO PRACTICE AS AN RN/LPN**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*** 8. LIST ALL STATES IN WHICH YOU ARE CURRENTLY PRACTICING**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14. ESTIMATE THE HOURS YOU WORKED DURING THE PAST YEAR:Number of hours worked as a nurse in a typical week (do not count on call hours):

- ☐ >41
☐ 36-40
☐ 24-35
☐ 13-23
☐ 1-12
☐ 0

Approximate number of weeks worked per month:

- ☐ 4
☐ 3
☐ 2
☐ 1
☐ <1

Approximate number of months worked:

- ☐ 10-12
☐ 7-9
☐ 4-6
☐ 1-3
☐ <1

15. CHECK THE ONE SETTING THAT BEST DESCRIBES WHERE YOU PRACTICE THE MOST HOURS EACH WEEK IN A TYPICAL WEEK:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Public/Community Health | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> School Health | <input type="checkbox"/> Other | | |

16. CHECK THE ONE POSITION THAT BEST DESCRIBES THE NURSING ROLE IN WHICH YOU PRACTICE THE MOST HOURS PER WEEK IN A TYPICAL WEEK:

- | | | |
|--|--|--|
| <input type="checkbox"/> Quality assurance, infection control | <input type="checkbox"/> Staff/general duty nurse/team leader/charge nurse | <input type="checkbox"/> Utilization review, outcomes management, other insurance-related role |
| <input type="checkbox"/> Discharge Planner, Case Manager | <input type="checkbox"/> Researcher, Consultant | |
| <input type="checkbox"/> Educator (school or in-service education) | <input type="checkbox"/> Facility or Nursing Department Administrator/Supervisor | <input type="checkbox"/> Nurse Manager or Head Nurse |
| <input type="checkbox"/> Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist, Nurse Anesthetist | | <input type="checkbox"/> Other |

17. MAJOR CLINICAL OR TEACHING AREA IN NURSING (Fill in one box only)

- | | | | | |
|---|--------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Generalized Community Health (public health) | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Psychiatric/Mental Health |
| <input type="checkbox"/> Obstetric/Gynecological | <input type="checkbox"/> Information | <input type="checkbox"/> Special Care (e.g. OR, ER, ICU, CCU) | <input type="checkbox"/> Telehealth | |
| <input type="checkbox"/> Other | | | | |

*** 18. ENTRY LEVEL NURSING PROGRAM ATTENDED**

School Name *

City *

State (Required for U.S.) *

Zip Code

Graduation*
Month/Year

Country (ex. USA) *

Degree *

- ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates ☐ BSN ☐ RN Masters

19. TESTING INFORMATION

Date of State Exam *

How Many Times Did You Test? *

Which Test Did You Take? *

- ☐ NCLEX (given after 7-1-82) ☐ SBTPE (given prior to 7-1-82)

*** 20. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD (if different than Entry Level Nursing Program Attended)**

School Name *	<input type="text"/>																													
City *	<input type="text"/>																													
State (Required for U.S.) *	<input type="text"/>	Zip Code	<input type="text"/>	Graduation Date* Month/Year	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
Country (ex. USA) *	<input type="text"/>																													
Degree *	<input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> RN Diploma <input type="checkbox"/> RN Associates <input type="checkbox"/> Associates Other Field <input type="checkbox"/> BSN <input type="checkbox"/> Bachelors Other Field <input type="checkbox"/> Masters in Nursing <input type="checkbox"/> Masters Other Field <input type="checkbox"/> Doctoral Degree in Nursing <input type="checkbox"/> Doctoral Degree Other Field																													

21. CERTIFICATION If applicable list any current national certification in nursing that you hold (not including CPR)

Specialty/Category *	<input type="text"/>																													
Certification Body *	<input type="text"/>																													
(Continued)	<input type="text"/>																													
Certification Date *	<input type="text"/>	/	<input type="text"/>	Expiration Date *	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>																					

22. CHECK ALL DEGREES HELD AND WRITE THE YEAR OF GRADUATION:

CHECK	TYPE OF PROGRAM	MONTH/YEAR (mm/yyyy)	CHECK	TYPE OF PROGRAM	MONTH/YEAR (mm/yyyy)
<input type="checkbox"/>	RN Diploma, Nursing	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	Masters Degree, Nursing	<input type="text"/> / <input type="text"/>
<input type="checkbox"/>	Associate Degree, Nursing	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	Masters Degree, Other Field	<input type="text"/> / <input type="text"/>
<input type="checkbox"/>	Associate Degree, Other Field	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	Doctoral Degree, Nursing	<input type="text"/> / <input type="text"/>
<input type="checkbox"/>	Baccalaureate Degree, Nursing	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	Doctoral Degree, Other Field	<input type="text"/> / <input type="text"/>
<input type="checkbox"/>	Baccalaureate Degree, Other Field	<input type="text"/> / <input type="text"/>			

23. INDICATE WHETHER OR NOT YOU HAVE COMPLETED AN ADVANCED PRACTICE EDUCATION PROGRAM BY CHECKING THE APPROPRIATE BOX(ES)

<input type="checkbox"/> Nurse Practitioner (NP)	<input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA)
<input type="checkbox"/> Clinical Nurse Specialist (CNS)	<input type="checkbox"/> I have not completed an advanced practice program at this time.
<input type="checkbox"/> Certified Nurse Midwife (CNM)	

24. FOR ADVANCED PRACTICE NURSES ONLY - PROCEED TO THE NEXT PAGE
UNLESS YOU ARE AN ADVANCED PRACTICE NURSE

If you are a certified NP/CNS/CNM/CRNA in Arizona please answer the following information.

Check the practice hour requirement that you meet for certification. At least ONE option must be marked to be eligible for continued certification.

- A.** ☐ I have completed an advance practice nursing education program within the past 5 years.
- B.** ☐ I have practiced as an APRN in my category and specialty area of AZ Board certification for a minimum of 960 hours within the past 5 years.
- C.** ☐ I have current national certification in my category and specialty area of AZ Board certification.
(Required for all initial certifications after 7/1/2004)

i. Date you received National Certification:

The diagram shows three rectangles. The first rectangle is divided into 2 equal vertical parts. The second rectangle is divided into 2 equal vertical parts. The third rectangle is divided into 4 equal vertical parts. There is a slash (/) between the first and second rectangles, and another slash (/) between the second and third rectangles.

ii. Certification Board:

[illegible]

iii. Specialty area:

[illegible]

iv. Expiration Date.

$$\boxed{} \boxed{} / \boxed{} \boxed{} / \boxed{} \boxed{} \boxed{} \boxed{}$$

NOTES: 1. If you marked this option, certification renewal is contingent upon the Board receiving official verification of certification, including initial and expiration dates and category/specialty, which must be provided directly to the Board by the credentialing agency. Online verification directly from the agency is acceptable.

2. Exemptions from National Certifications: If you were issued your initial NP/CNM certification before 7/1/04 in AZ or another jurisdiction **OR** if your CNS certification was granted by waiver, (i.e. your initial CNS application was received between 11/05 and 11/06) **AND** you do not hold national certification, you must meet options A, B, or D.

- D.** ☐ Because I do not satisfy the practice requirements of option A, B, or C, I have met the applicable education and precepted practice hours specified in the Nurse Practice Act, R4-19-506 (C) (2).

NOTE: If you mark this option, you must submit all evidence of completion of coursework and precepted clinical practice for review.

If you do not meet one of the requirements above (a-d) you must inactivate you're A.P. certificate until one of these requirements is met. Evidence of completion must be submitted to reactivate your certificate.

- E.** ☐ Inactivate my Advanced Practice certification.

25. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? ☐ No ☐ Yes

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

If you are a citizen or national of the United States, go directly to Question 27. If you are not a citizen or national of the United States, complete question 26.

26. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under Section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ E. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- ☐ J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible xeroxed copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

* **27. APPLICATION QUESTIONS** (must complete and sign before submitting)

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

i. Since your license was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If, yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction

ii. Are you currently participating in a state board/designee monitoring program other than AZ including alternative to discipline, diversion, or a peer assistant program?

☐ No ☐ Yes

iii. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

iv. Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If, yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

v. Are you currently under investigation or is a disciplinary action pending against your nursing license or CNA certificate in any state (**other than AZ**) or territory of the United States?

☐ No ☐ Yes

If, yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action.

* **VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION**

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

* **REMEMBER TO ENCLOSE A COPY OF CITIZENSHIP OR ALIEN STATUS DOCUMENTATION ON 8 ½ BY 11 PAPER WITH THE APPLICATION.**

PLEASE NOTE: It may take 2-3 weeks to process your application. Your employer may not be able to verify your renewal if you do not submit the application 2-3 weeks before the renewal date. If this application is not postmarked by midnight on August 1 of your renewal year, you will be required to pay an extra fee for late renewal. If you do not renew on or before Nov. 1, your license is expired. The postmark does not mean that your license has been updated in our system. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the renewal process. You may renew your license online or at our office from 8am-5pm Mon-Fri. You may check to see if your license has been renewed by visiting our website and using our online verification system to verify your license. Our Website is www.azbn.gov.

RNRG

Please staple all pages of the application together with documentation of citizenship or alien status and
mail to: ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

OPTIONAL QUESTIONS

“Employed in nursing” definition: “Any paid position that requires an active nursing license is considered to be an employed position in nursing. Direct patient care is not a requirement.”

Questions for all renewal applicants:

RN/LPN License Number

--	--	--	--	--	--	--	--	--	--	--	--

1. When do you plan to retire from the labor force?

<input type="checkbox"/> Next year	<input type="checkbox"/> 2-5 years from now
<input type="checkbox"/> 6-9 years from now	<input type="checkbox"/> 10-15 years from now
<input type="checkbox"/> No specific time in mind	<input type="checkbox"/> Already retired

2. How many years have you been employed in nursing in the U.S.?

<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years
<input type="checkbox"/> 11-20 years	<input type="checkbox"/> More than 20 years

3. Indicate the category that best describes your total household income for 2007:

<input type="checkbox"/> \$15,000 or less	<input type="checkbox"/> \$15,001 to \$25,000
<input type="checkbox"/> \$25,001 to \$35,000	<input type="checkbox"/> \$35,001 to \$50,000
<input type="checkbox"/> \$50,001 to \$75,000	<input type="checkbox"/> \$75,001 to \$100,000
<input type="checkbox"/> \$100,001 to \$150,000	<input type="checkbox"/> More than \$150,000

Questions for those not working in nursing:

4. When were you employed last as a nurse?
☐ 2008 ☐ 2007 ☐ 2006 ☐ 2005 ☐ Before 2005

5. What is the primary reason that you left your last job as a nurse?

<input type="checkbox"/> Better job opportunity outside of nursing	<input type="checkbox"/> To care for children
<input type="checkbox"/> To care for adult family member(s)	<input type="checkbox"/> To go to school
<input type="checkbox"/> Health problems	<input type="checkbox"/> Decided to retire
<input type="checkbox"/> Lost my position	<input type="checkbox"/> Dissatisfied with work environment
<input type="checkbox"/> Dissatisfied with wages	